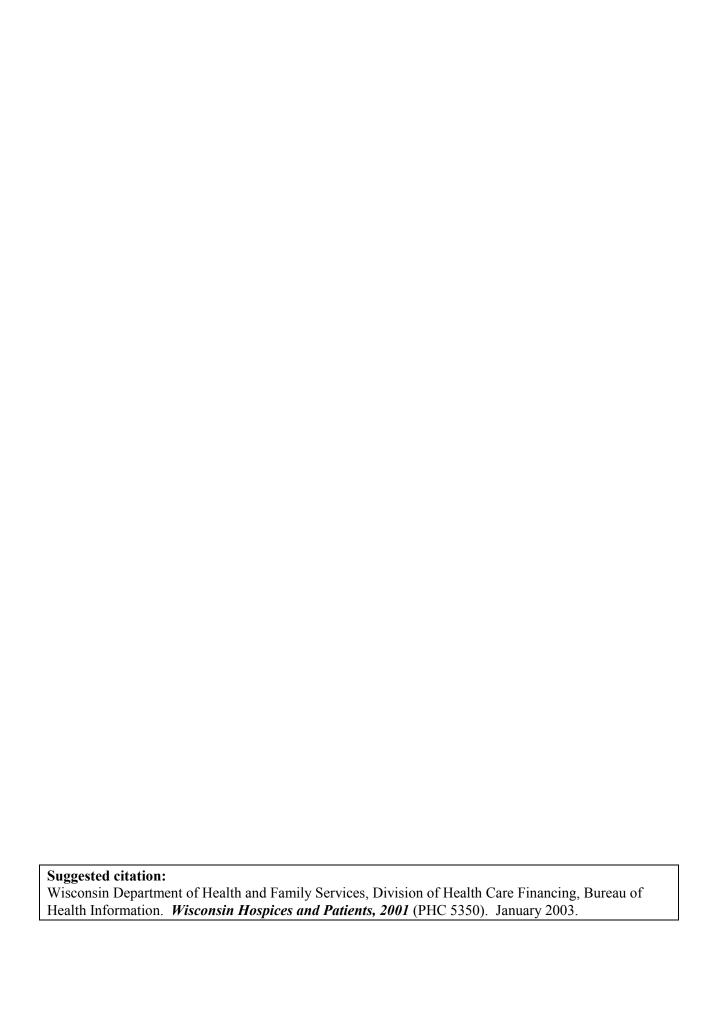
# **Wisconsin Hospices and Patients**

2001

January 2003



# Introduction

This report presents selected statistics on Wisconsin hospices and patients in 2001. The source of data for this document is the Annual Survey of Hospices, which was conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), Department of Health and Family Services, in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Supportive Living. Wisconsin HOPE (Hospice Organization and Palliative Experts) has endorsed this survey.

#### **Background**

In general, *hospice* is a program that provides care to terminally ill persons who have a life expectancy of 6-12 months. (The patient must have a medical prognosis of 12 months or less to be eligible to receive services from a Wisconsin-licensed hospice. Medicare requires a prognosis of 6 months or less to elect the Medicare hospice benefit.) The goal of hospice is to care for people in the comfort of their own homes, including when "home" is a nursing home, community-based residential facility, adult family home, or other setting. "Hospice" can be an organization, a program within an organization, or a place (for details, see Wisconsin Administrative Code HFS 131).

Hospice care is significantly different in goals and emphasis from traditional medical practice. The goal of hospice care is palliative (seeking to improve patient comfort and to lessen pain and other symptoms of illness) rather than curative. It also emphasizes home care rather than institutional care, addresses the psychological, social, spiritual, and physical needs of the patient, and provides supportive services to the family. Volunteers are a unique component in hospice care.

Hospice care is provided by an interdisciplinary team of professionals including nurses, physicians, social workers, counselors (bereavement, spiritual, dietary, and other), nursing assistants, volunteers and therapists. The services provided include clinical pain management, personal hygiene maintenance, emotional and spiritual counseling, bereavement support, medications, medical supplies and equipment, inpatient stays if necessary, and ancillary services such as physical, occupational, and speech therapy.

Hospice services are available to all age groups, from newborn to elderly. Hospice services may be covered by Medicare, Medicaid (Medical Assistance), and private insurance companies.

#### **Data Collection and Report Preparation**

The 2001 survey population consisted of all 61 hospices licensed by the State of Wisconsin to operate in 2001. The survey instrument, prepared by the Bureau of Health Information (BHI), was mailed with the Hospice Annual Report (licensure) form to all Wisconsin-licensed hospices in early January, 2002 from the Division of Supportive Living, Bureau of Quality Assurance. The survey utilizes a survey date of December 31; that is, hospices are asked to report some survey items (such as number of patients) as of that date. Other data items (such as the number of patient days and the number of admissions and discharges) were reported for all of calendar year 2001. Staffing information was based on the number of personnel employed by hospices during the week of December 9-15, 2001.

The Bureau of Health Information would like to acknowledge and thank the personnel of Wisconsin hospices who provided information on their services and patients, and Wisconsin HOPE for its endorsement of the survey.

Yiwu Zhang prepared this report. Jane Conner coordinated and implemented the data collection and editing activities. Kitty Klement, LuAnn Hahn and Kim Voss implemented survey follow-up and data editing activities. Patricia Nametz edited the report. Review and comment were provided by Rita Hallett in the Bureau of Fee-for-Service Health Care Benefits, and Jeanne Siroky and Jane Walters in the Bureau of Quality Assurance. The report was prepared under the supervision of Martha Davis, Chief of the Workforce and Provider Survey Section, and the overall direction of John Chapin, Director, and Vonnie Buske, Deputy Director, Bureau of Health Information.

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Wisconsin Hospices and Patients, 2001

# **Key Findings**

- In 2001, there were 61 hospices licensed to operate in Wisconsin, unchanged from 2000.
- Nonprofit organizations made up 82 percent of hospices and served 78 percent of all hospice patients.
- There were 1,677 hospice patients on December 31, 2001, an 11 percent increase from December 31, 2000, and a 21 percent increase from December 31, 1999.
- Total hospice patients served increased 11 percent, from 11,874 patients in 2000 to 13,208 patients in 2001.
- The total number of FTE hospice employees increased 7 percent in 2001 (to 932 from 872 in 2000), while the number of patients increased 11 percent.
- Thirty-nine percent of all FTEs working in Wisconsin hospices in 2001 were physicians, RNs, or LPNs, compared to 42 percent in 2000.
- In 2001, 86 percent of all hospice volunteers worked in nonprofit hospices (compared to 92 percent in 2000), while 12 percent worked in proprietary hospices (compared to 6 percent in 2000).
- Fifty-four percent of volunteer service hours in proprietary hospices were for client/family contact, compared to 64 percent statewide.
- Fifty-nine hospices had contracts with hospitals or skilled nursing facilities for symptom management and/or inpatient respite care in 2001. The number of acute care days under these contracts increased 9 percent (from 6,771 to 7,391), while the number of respite care days decreased 8 percent (from 2,175 to 2,021).
- In 2001, the number of contracts for hospice routine care between a hospice and a nursing facility increased 10 percent (from 442 to 487 contracts). The number of hospice patients residing in nursing homes increased 8 percent (from 2,552 to 2,748), and the number of days hospice patients spent in nursing homes was up 18 percent (from 95,742 to 113,286).
- In 2001, 60 percent of Wisconsin hospice patients had a principal diagnosis of cancer, and 12 percent had a principal diagnosis of end-stage cardiovascular disease.
- Thirty-seven percent of hospice patients were referred to the hospice by a physician, and 26 percent were referred by a hospital. Nursing homes were the referral source for 15 percent of hospice patients.
- In 2001, total discharges from Wisconsin hospices increased 11 percent (from 10,695 to 11,856 patients).
- Over 10,400 hospice patients died in 2001, accounting for 88 percent of total discharges from Wisconsin hospices. This percentage has remained stable since 1999.
- In 2001, 35 percent of hospice patients were served by hospices located in Milwaukee County, and 9 percent were served by hospices in Dane County.

- In 2001, the hospice utilization rate among people aged 65 and older was 15.4 patients per 1,000 population in this age group, a 15 percent increase from 2000 (13.4 per 1,000). Most of this increase was due to a higher utilization rate among people 85 and older.
- The hospice utilization rate among people aged 85 and older was 40.6 per 1,000 population, a 31 percent increase from 2000 (31.0 per 1,000).
- The proportion of hospice patients aged 85 and over increased from 25 percent in 2000 to 29 percent in 2001.
- The total number of hospice patient days increased 15 percent from 2000 (534,515 days) to 2001 (615,783 days).
- Inpatient respite care days declined 20 percent, from 3,057 days in 2000 to 2,459 days in 2001.
- A length of stay of 60 days or less was reported for 79 percent of hospice patients who died or were discharged in 2001 (78 percent in 2000 and 77 percent in 1999).
- Hospice patients who died or were discharged within 7 days of admission to a hospice program increased from 28 percent of deaths and discharges in 2000 to 31 percent in 2001.
- The number of discharges or deaths in Wisconsin hospices increased 11 percent in 2001, as did the number of hospice admissions.
- Seventy-four percent of hospice patients admitted in 2001 had Medicare as their primary pay source (vs. 73 percent in 2000, and 80 percent in 1999). Eleven percent had private insurance, the same percent as in 2000.
- On December 31, 2001, 77 percent of hospice patients had Medicare as their primary pay source, compared to 78 percent in 2000. An additional 6 percent of hospice patients had private insurance (7 percent in 2000). The percent of patients with both Medicare and Medicaid increased from 8 percent in 2000 to 10 percent in 2001.
- On December 31, 2001, 64 percent of hospice patients were residing at home or in some other private residence, the same proportion as in 2000.
- Twenty-three percent of hospice patients were residing in nursing homes on December 31, 2001, (compared to 24 percent in 2000). Only 15 percent of patients were residing in nursing homes in 1999.
- The percent of patients residing in community-based residential facilities increased from 5 percent in 2000 to 6 percent in 2001.
- Of hospice patient deaths in 2001, 54 percent occurred at home (compared with 57 percent in 2000, and 61 percent in 1999), 21 percent occurred in nursing homes (compared with 20 percent in 2000, and 18 percent in 1999), and 15 percent occurred in a hospital or other inpatient facility (compared with 14 percent in 2000, and 13 percent in 1999).

# **Contents**

Introduction		1
Key Findings		3
Characteristics o	f Hospices	
Table 1.	Hospice Services and Patients by Ownership Type	7
Table 2.	Hospice Certification and Accreditation	7
Table 3.	Full-time Equivalent Employees (FTEs) of Hospices by Ownership Type, December, 2001	8
Table 4.	Number of Hospice Volunteers and Hours of Volunteer Services	8
Table 5.	Hospice Facility Operation and Contracts with Other Facilities	9
Characteristics o	f Hospice Patients	
Table 6.	Principal Diagnosis of Hospice Patients	10
Figure 1.	Principal Diagnosis of Hospice Patients	10
Table 7.	Hospice Patients by Referral Source	11
Table 8.	Discharges of Hospice Patients by Reason for Discharge	11
Map.	Hospices in Wisconsin	12
Table 9.	Hospices and Patients by County of Hospice Location	13
Table 10.	Number, Percent, and Utilization Rate of Hospice Patients by Age and Sex	14
Figure 2.	Percent of Hospice Patients by Age, Wisconsin 2000 and 2001	14
Table 11.	Hospice Patient Days by Level of Care	15
Table 12.	Length of Stay of Hospice Patients Who Died or Were Discharged	15
Figure 3.	Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2001, Wisconsin	16
Table 13.	Primary Pay Source at Admission to a Hospice Program	16
Table 14.	Primary Pay Source for Hospice Patients, December 31, 2001	17
Table 15.	Living Arrangements of Hospice Patients, December 31, 2001	17

Table 16.	Table 16.         Deaths Among Hospice Patients by Site of Occurrence			
Technical	Notes	19		
Survey Ins	strument	21		

Table 1. Hospice Services and Patients by Hospice Ownership Type, Wisconsin 2001

		Ownership of Hospice					
		Govern	Governmental		Nonprofit		ietary
	Total	Number	Percent	Number	Percent	Number	Percent
Number of Hospices	61	4	7%	50	82%	7	11%
Number of Unduplicated							
Hospice Patients	13,208	123	1	10,289	78	2,796	21
Number of Hospice							
Patients on December 31, 2001	1,677	9	1	1,187	71	481	29
Average Daily Census							
for Calendar Year 2001	1,689	12	1%	1,218	72%	459	27%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health

and Family Services.

Note: See Technical Notes for an explanation of the unduplicated patient count.

- In 2001, there were 61 hospices licensed to operate in Wisconsin, unchanged from 2000.
- Nonprofit organizations made up 82 percent of hospices and served 78 percent of all hospice patients.
- The seven proprietary hospices (11 percent) served 21 percent of all hospice patients.
- There were 1,677 hospice patients on December 31, 2001, an 11 percent increase from December 31, 2000, and a 21 percent increase from December 31, 1999.
- Total hospice patients served increased 11 percent, from 11,874 patients in 2000 to 13,208 patients in 2001.

Table 2. Hospice Certification and Accreditation, Wisconsin 2001

	Number of Hospices								
	Total Number	Medicare	Medicaid	JCAHO or CHAP					
Year	of Hospices	Certified	Certified	Accredited					
1999	60	59	58	35					
2000	61	59	57	35					
2001	61	60	58	35					

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Of the 61 Wisconsin-licensed hospices, 60 reported they were certified by Medicare and 58 reported they were certified by Medicaid.
- More than half (35) of the 61 hospices reported they were accredited by an organization such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Community Health Accreditation Program (CHAP).

Table 3. Full-time Equivalent (FTE) Employees of Hospices by Ownership

Type, Wisconsin, December 2001

-	To	otal	Ownership of Hospice			
<b>Employee Category</b>	Number	Percent	Governmental	Nonprofit	Proprietary	
Managing Employee/						
Administrators	76	8%	2	59	15	
Physicians	5	1	0	4	1	
Registered Nurses	319	34	3	254	63	
Licensed Practical Nurses	35	4	0	21	14	
Hospice Aides	192	21	1	147	44	
Physical Therapists	2	<1	0	2	0	
Occupational Therapists	0	0	0	0	0	
Speech Pathologists	0	0	0	0	0	
Bereavement Counselor	29	3	1	23	5	
Social Workers	80	9	1	63	16	
Dietary	2	<1	0	2	1	
Volunteer Coordinator	28	3	0	25	4	
Chaplain	28	3	0	18	9	
Clerical/Office Support	106	11	1	78	28	
Other	29	3	0	20	9	
Total	932	100%	7	716	209	

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing,

Department of Health and Family Services.

Note: The count of employees was from the week of December 9-15, 2001.

• The total number of FTE hospice employees increased 7 percent in 2001 (to 932 from 872 in 2000), while the number of patients increased 11 percent.

 Thirty-nine percent of all FTEs working in Wisconsin hospices in 2001 were physicians, RNs, or LPNs, compared to 42 percent in 2000.

Table 4. Number of Hospice Volunteers and Hours of Volunteer Services. Wisconsin 2001

	_	Governmental		Nonp	rofit	Proprietary	
	Total	Number	Percent	Number	Percent	Number	Percent
Number of Volunteers	3,811	66	2%	3,283	86%	462	12%
Hours of Volunteer Services	}						
Client/Family Contact	91,825	741	1	83,999	91	7,085	8
Office Support	30,163	195	1	25,720	85	4,248	14
Other Activities	21,976	359	2%	19,826	90%	1,791	8%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2001, 86 percent of all hospice volunteers worked in nonprofit hospices (compared to 92 percent in 2000), while 12 percent worked in proprietary hospices (compared to 6 percent in 2000).
- Fifty-four percent of volunteer service hours in proprietary hospices were for client/family contact, compared to 64 percent statewide (percents not shown).

Table 5. Hospice Facility Operation and Contracts with Other Facilities, Wisconsin 2001

	Number	Percent
Total number of hospices	61	100%
Total number of hospice patient days	615,783	
Number of hospices operating a residential facility	10	16
Number of hospice beds in these facilities	113	
Number of hospice patient days in these facilities	16,162	
Number of hospices operating an inpatient facility	6	10
Number of hospice beds in these facilities	75	
Number of hospice patient days in these facilities	5,017	
Number of hospices that had a contract with hospitals/SNFs for symptom		
management and/or inpatient respite care	59	97
Number of contracts	337	
Number of acute care days	7,391	
Number of respite care days	2,021	
Number of hospices that had a contract with a nursing facility for inpatient respite services	8	13
Number of contracts	49	
Number of respite care days	29	
Number of hospices that had a contract with a nursing facility for hospice routine care	55	90
Number of contracts	487	
Number of hospice patients residing in nursing homes	2,748	
Number of days spent in nursing homes by hospice patients	113,286	
Number of hospices that had a contract with a community-based residential facility (CBRF)	44	72
Number of contracts	480	
Number of hospices that had a contract with an HMO or other managed care organization	31	51
Number of hospices administered by another organization that established the hospice's		
overall operating policy	28	46%

Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health Source:

and Family Services.

Notes: Hospice patients could have more than one type of stay during the year.

See Technical Notes for definitions of "routine care, "respite care," and other hospice levels of care.

- In 2001, the number of hospices that operated a residential facility increased from 9 to 10. Beds in these facilities increased 10 percent, while patient days decreased 7 percent.
- Fifty-nine hospices had contracts with hospitals or skilled nursing facilities (SNFs) for symptom management and/or inpatient respite care. The number of acute care days under these contracts increased 9 percent (from 6,771 to 7,391), while the number of respite care days decreased 8 percent (from 2,175 to 2,021).
- The number of hospices that had a contract with a nursing facility for inpatient respite care services decreased from 17 to 8 in 2001. The number of inpatient respite care days under these contracts declined from 373 days to 29 days.
- In 2001, the number of contracts for hospice routine care between a hospice and a nursing facility increased 10 percent (from 442 to 487 contracts). The number of hospice patients residing in nursing homes increased 8 percent (from 2,552 to 2,748), and the number of days hospice patients spent in nursing homes was up 18 percent (from 95,742 to 113,286).

Table 6. Principal Diagnosis of Hospice Patients, Wisconsin 2001

	Number of	Percent of
Principal Diagnosis	Patients	Patients
Total	13,208	100%
Malignant neoplasm (cancer)	7,869	60
End-stage cardiovascular disease	1,620	12
End-stage pulmonary disease	791	6
Alzheimer's disease	335	3
Renal failure/end-stage kidney disease	53	0
ALS (amyotrophic lateral sclerosis)	842	6
HIV infection	35	0
Diabetes	78	1
Other conditions	1,585	12%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health

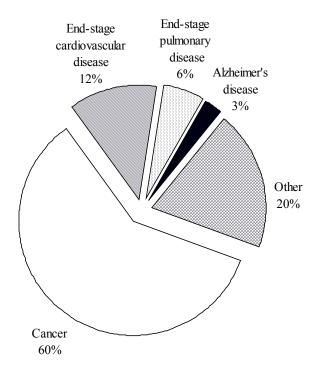
and Family Services.

Notes: Principal diagnosis is the diagnosis responsible for admission to the hospice.

Percentages may not add to 100 percent due to rounding.

• In 2001, 60 percent of Wisconsin hospice patients had a principal diagnosis of cancer, and 12 percent had a principal diagnosis of end-stage cardiovascular disease.

Figure 1. Principal Diagnosis of Hospice Patients, Wisconsin 2001



Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 7. Hospice Patients by Referral Source, Wisconsin 2001

Referral Source	Number of Patients	Percent
Total	13,208	100%
Physician	4,823	37
Hospital	3,429	26
Self-Referral	378	3
Patient's Family	1,203	9
Home Health Agency	564	4
Nursing Home	1,962	15
Other	849	6%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care

Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

Thirty-seven percent of hospice patients were referred to the hospice by a physician, and 26
percent were referred by a hospital. Nursing homes were the referral source for 15 percent of
hospice patients.

Table 8. Discharges of Hospice Patients by Reason for Discharge, Wisconsin, 2001

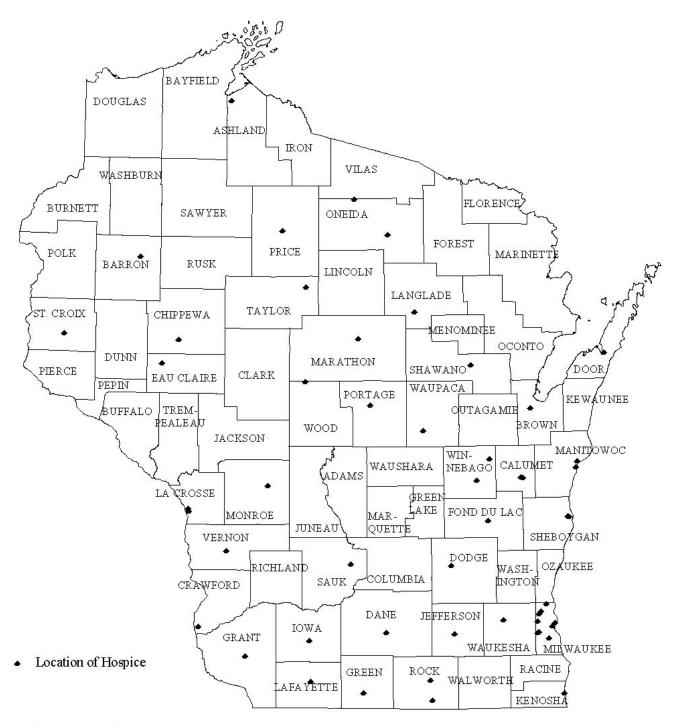
	Patients Discharged		
Reason for Discharge	Number	Percent	
Total Discharges/Deaths	11,856	100%	
Hospice Care Not Appropriate	521	4	
Transferred to Another Hospice	231	2	
Revocation of Hospice Benefit	517	4	
Other	167	1	
Deaths	10,420	88%	

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- In 2001, total discharges from Wisconsin hospices increased 11 percent (from 10,695 to 11,856 patients).
- Over 10,400 hospice patients died in 2001, accounting for 88 percent of total discharges from Wisconsin hospices. This percentage has remained stable since 1999.
- Four percent of discharges from hospices were because hospice care was no longer appropriate (probably because the patient's prognosis had changed).
- Another 4 percent of discharges were due to "revocation of hospice benefit;" this means the patient voluntarily withdrew from hospice care.

# Hospices in Wisconsin, 2001



<sup>\*</sup> Map does not show the eight Wisconsinlicensed hospices located outside the state.

Wisconsin Division of Health Care Financing Bureau of Health Information

Hospices and Patients by County of Hospice Location, Wisconsin 2001 Table 9.

County of	Numb		Percent of	County of	Numb		Percent of
·				1			
Hospice	Hospices			Hospice	Hospices	Patients	<b>Total Patients</b>
State Total	61	13,208	100%	Manitowoc	2	88	1%
Ashland	1	212	2	Marathon	1	524	4
Barron	1	54	<1	Milwaukee	10	4,687	35
Brown	1	816	6	Monroe	1	110	1
Calumet	2	32	<1	Oneida	2	254	2
Chippewa	1	151	1	Portage	1	106	1
Crawford	1	137	1	Price	1	53	<1
Dane	1	1,205	9	Rock	2	277	2
Dodge	1	88	1	St. Croix	1	73	1
Door	1	35	<1	Sauk	1	212	2
Eau Claire	1	218	2	Shawano	1	69	1
Fond du Lac	1	501	4	Sheboygan	2	391	3
Grant	1	52	<1	Taylor	1	67	1
Green	1	108	1	Vernon	1	39	<1
Iowa	1	71	1	Waukesha	1	357	3
Jefferson	1	180	1	Waupaca	1	45	<1
Kenosha	1	352	3	Winnebago	2	501	4
La Crosse	2	336	3	Wood	1	259	2
Lafayette	1	21	<1	Out of State	8	464	4
Langlade	1	63	1		II 141 C E.		CII 1d

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Patient counts are by location of the hospice (not patient residence).

Counties shown have at least one hospice located in the county.

Percentages may not add to 100 percent due to rounding.

- In 2001, 35 percent of hospice patients were served by hospices located in Milwaukee County, and 9 percent were served by hospices in Dane County.
- Only one hospice was located in Dane County but that hospice served 9 percent of Wisconsin hospice patients in 2001. The number of hospice patients served by this Dane County hospice increased by 26 percent in 2001.
- The number of hospice patients served by hospices in Waukesha County declined 55 percent in 2001 because one hospice moved from Waukesha to Milwaukee.
- The number of hospice patients served by hospices in Milwaukee increased 27 percent (1,010 patients).

Table 10. Number, Percent and Utilization Rate of Hospice Patients by Age and Sex, Wisconsin 2001

		Total	Female			Male			
Age	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	13,208	100%	2.5	7,153	100%	2.6	6,055	100%	2.3
Under 55	1,087	8	0.3	555	8	0.3	532	9	0.2
55-64	1,314	10	2.9	645	9	2.8	669	11	3.0
65-74	2,665	20	7.5	1,294	18	6.8	1,371	23	8.3
75-84	4,264	32	16.9	2,159	30	14.2	2,105	35	21.1
85 or older	3,878	29	40.6	2,500	35	36.6	1,378	23	50.6
65 or older	10,807	82%	15.4	5,953	83%	14.5	4,854	80%	16.7

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health

and Family Services.

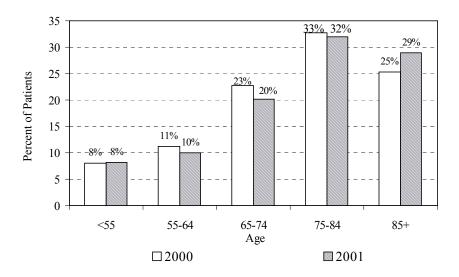
Notes:

The rate is the number of hospice patients per 1,000 statewide population in the age group.

Percentages may not add to 100 percent due to rounding.

- In 2001, the hospice utilization rate among people aged 65 and older was 15.4 patients per 1,000 population in this age group, a 15 percent increase from 2000 (13.4 per 1,000). Most of this increase was due to a higher utilization rate among people 85 and older.
- The hospice utilization rate among people aged 85 and older was 40.6 per 1,000 population, a 31 percent increase from 2000 (31.0 per 1,000).
- Males aged 85 and over had a 38 percent higher utilization rate than females in the same age group (50.6 per 1,000 vs. 36.6 per 1,000).

Figure 2. Percent of Hospice Patients by Age, Wisconsin 2000 and 2001



Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

• The proportion of hospice patients aged 85 and over increased from 25 percent in 2000 to 29 percent in 2001.

Table 11. Hospice Patient Days by Level of Care, Wisconsin 2001

<b>Level of Care</b>	Patient Days	Percent
Total patient days	615,783	100%
Routine home care	595,437	97
Continuous home care	3,208	1
Inpatient care: acute/symptom management	14,679	2
Inpatient respite care	2,459	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of

Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

See Technical Notes for level of care definitions.

- The total number of hospice patient days increased 15 percent from 2000 (534,515 days) to 2001 (615,783 days).
- Most hospice patient days were for routine home care (97 percent).
- Inpatient respite care days declined 20 percent, from 3,057 days in 2000 to 2,459 days in 2001.

Table 12. Length of Stay of Hospice Patients Who Died or Were Discharged, Wisconsin 2001

	Number of	
Length of Stay	Patients	Percent
Total Discharges/Deaths	11,856	100%
1 to 7 days	3,592	31
8 to 14 days	1,814	15
15 to 30 days	2,113	18
31 to 60 days	1,724	15
61 to 90 days	855	7
91 to 180 days	1,034	9
181 days to 1 year	503	4
More than 1 year	141	1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: "Length of stay" means time from when the patient was admitted to the hospice program until the patient died or was discharged from the program.

The total includes 80 patients whose length of stay was not reported.

Percentages may not add to 100 percent due to rounding.

- A length of stay of 60 days or less was reported for 79 percent of hospice patients who died or were discharged in 2001 (78 percent in 2000 and 77 percent in 1999).
- Hospice patients who died or were discharged within 7 days of admission to a hospice program increased from 28 percent of deaths and discharges in 2000 to 31 percent in 2001.
- The number of discharges or deaths in Wisconsin hospices increased 11 percent in 2001, as did the number of hospice admissions (see Table 13).

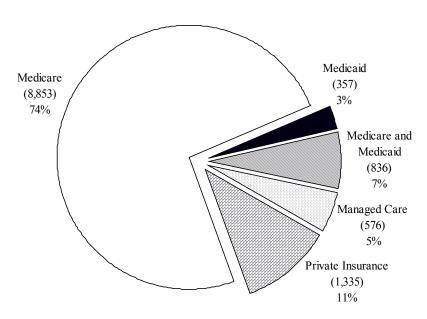


Figure 3. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2001, Wisconsin

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 13. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2001, Wisconsin

Transition in 20019 (Fisconom				
Primary Pay Source	Number of Patients	Percent		
Total Admissions	12,034	100%		
Medicare	8,853	74		
Medicaid	357	3		
Medicare and Medicaid ("dual entitlees")	836	7		
Managed Care (HMO)	576	5		
PACE/Partnership (Program of All-Inclusive				
Care for the Elderly)	4	<1		
Private Insurance	1,335	11		
Self Pay	50	<1		
Other	23	<1%		

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient's hospice care.

- The number of hospice admissions increased 11 percent, from 10,850 in 2000 to 12,034 in 2001.
- Seventy-four percent of hospice patients admitted in 2001 had Medicare as their primary pay source (vs. 73 percent in 2000, and 80 percent in 1999). Eleven percent had private insurance, the same percent as in 2000.
- From 2000 to 2001, the number of hospice admissions with both Medicare and Medicaid increased 33 percent, from 628 to 836 patients. The number of admissions with managed care (HMO) decreased from 607 to 576 patients.

Table 14. Primary Pay Source for Hospice Patients, Wisconsin, December 31, 2001

Primary Pay Source	<b>Number of Patients</b>	Percent
Total Patients	1,677	100%
Medicare	1,295	77
Medicaid	57	3
Medicare and Medicaid ("dual entitlees")	166	10
Managed Care (HMO)	33	2
PACE/Partnership (Program of All-Inclusive		
Care for the Elderly)	1	<1
Private Insurance	105	6
Self Pay	12	1
Other	8	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of

Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient's hospice care.

• On December 31, 2001, 77 percent of hospice patients had Medicare as their primary pay source, compared to 78 percent in 2000. An additional 6 percent of hospice patients had private insurance (7 percent in 2000). The percent of patients with both Medicare and Medicaid increased from 8 percent in 2000 to 10 percent in 2001.

Table 15. Living Arrangements of Hospice Patients, Wisconsin, December 31, 2001

Living Arrangement	Number of Patients	Percent
Total Patients	1,677	100%
Home/private residence	1,060	64
Nursing home	387	23
Hospice residential facility	63	4
Assisted living:		
Residential care apartment complex	8	<1
Adult family home	5	<1
Community-based residential facility (CBRF)	94	6
Inpatient facility (acute-care hospitals, etc.)	30	2
Other site	4	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of

Health and Family Services.

Notes: Percentage may not add to 100 percent due to rounding.

The total includes 26 patients whose living arrangement was not reported.

See Technical Notes for definitions of selected living arrangements.

- On December 31, 2001, 64 percent of hospice patients were residing at home or in some other private residence, the same proportion as in 2000.
- Twenty-three percent of hospice patients were residing in nursing homes on December 31, 2001, (compared to 24 percent in 2000). Only 15 percent of patients were residing in nursing homes in 1999.
- The percent of patients residing in CBRFs increased from 5 percent in 2000 to 6 percent in 2001.

Table 16. Deaths Among Hospice Patients by Site of Occurrence, Wisconsin 2001

<b>Location of Death</b>	Number of Patients	Percent
Total Deaths	10,420	100%
Home/private residence	5,521	54
Nursing home	2,180	21
Hospice residential facility	606	6
Assisted living:		
Residential care apartment complex	36	<1
Adult family home	16	<1
Community-based residential facility (CBRF)	353	3
Inpatient facility (acute-care hospitals, etc.)	1,598	15
Other site	4	<1%

Source: Annual Survey of Hospices, Bureau of Health Information, Division of Health Care Financing, Department of

Health and Family Services.

Note Percentages may not add to 100 percent due to rounding.

The total includes 106 patients whose location of death was unreported.

• Of hospice patient deaths in 2001, 54 percent occurred at home (compared with 57 percent in 2000, and 61 percent in 1999), 21 percent occurred in nursing homes (compared with 20 percent in 2000, and 18 percent in 1999), and 15 percent occurred in a hospital or other inpatient facility (compared with 14 percent in 2000, and 13 percent in 1999).

# **Technical Notes**

**Unduplicated patient count.** Each person served is counted only once, regardless of the number of times during the year they were admitted and discharged.

# **Hospice Level of Care**

**Routine home care day** is a day on which an individual who has chosen hospice care is receiving services at the place of residence considered his or her home.

Continuous home care day is a day on which an individual who has chosen hospice care is not in an inpatient facility and is receiving continuous care, primarily nursing care, to achieve palliation or management of acute medical symptoms. Home health aide or homemaker services may be provided to supplement the nursing care. Continuous home care is furnished during periods of crisis to maintain the terminally ill patient at home.

**Inpatient care day (symptom management)** is a day on which an individual who has chosen hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

**Inpatient respite care day** is a day on which an individual who has chosen hospice care receives care in an approved inpatient facility on a short-term basis to relieve the family or other persons caring for the individual at home.

#### **Living Arrangements**

A community-based residential facility (CBRF) is a place where 5 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including nursing care are provided to residents as a primary function of the facility.

A residential care apartment complex is a living unit for severely disabled individuals that is developed by a sponsor and that is not physically connected to a nursing home or hospital except by common service units for laundry, kitchen or utility purposes and that may include buildings and grounds for activities related to residence, including congregate meal sites, socialization, and physical rehabilitation facilities.

An adult family home means a place where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place.

Division of Supportive Living Attachment I, 2001 Annual Survey of Hospices DSL-2524 (Rev. 11/01)

# ATTACHMENT I 2001 ANNUAL SURVEY OF HOSPICES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

#### **Time Periods:**

This summary requests information from varying time periods. Some questions refer to the entire calendar year (January 1 - December 31, 2001), others refer to a specific week (December 9 - 15, 2001), or a specific day (December 31, 2001). Be careful to answer questions for the correct time period.

#### **Patient Counts:**

Patients are counted two ways:

- 1. Only once to determine the number of individual people your agency served by primary diagnosis, race and age.
- 2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

#### **Diagnoses Reporting:**

Diagnostic categories on Page 4, number 23, are based on the ICD-9-CM classification system.

#### Follow-up for corrections/clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person listed on Page 8 will be telephoned for corrections / clarifications.

# STATISTICAL SUMMARY

#### **AGENCY INFORMATION**

1.	Was this hospice in operation for the entire calendar year of 2001?	2. No
	If no, and operation dates began after January 1, 2001, or ended before December 31, 2001, list those dates of operation below.	
	Beginning Date Ending Date Days of Operation  Month Day '01 Day '01	
2.	Is the hospice certified for Medicare (Title 18)?	2. No
3.	Is the hospice certified for Medicaid (Title 19)?	2. No
4.	Is the hospice accredited by JCAHO or CHAPS?	2. No

	City	State	
	a. If yes, indicate the name of this organization  b. Location of this organization		<u> </u>
14.	Is the hospice owned by another organization that established the overall operating policy?		2. No
	Does the hospice have a contract with an HMO or other managed-care organization(s) to provide services?	1. Yes	2. No
40	a. If yes, indicate the number of contracts, agreements or memorandums of understanding		
12.	Does the hospice have a contract, agreement or memorandum of understanding with a residential care apartment complex (RCAC)?	1. Yes	2. No
	a. If yes, indicate the number of contracts, agreements or memorandums of understanding		
11.	Does the hospice have a contract, agreement or memorandum of understanding with an adult family home?	1. Yes	
	a. If yes, indicate the number of contracts, agreements or memorandums of understanding		
10.	Does the hospice have a contract, agreement or memorandum of understanding with a community-based residential facility (CBRF)?	1. Yes	2. No
	c. Total number of days spent in SNFs by hospice patients in 2001		
	b. Total number of unduplicated hospice patients with SNF stays in 2001		<del></del>
	a. If yes, indicate the number of contracts, agreements or memorandums of understanding		
9.	Does the hospice have a contract, agreement or memorandum of understanding with a skilled nursing facility (SNF) for hospice routine care?	1. Yes	
	b. Total number of inpatient respite care days in 2001		
	a. If yes, indicate the number of contracts		
8.	Does the hospice have a contract with an intermediate care nursing facility (NF) for inpatient respite services?	1. Yes	2. No
	c. Total number of inpatient respite care days in 2001		
	b. Total number of acute care (symptom management) days in 2001		
	a. If yes, indicate the number of contracts		
7.	Does the hospice have a contract with a hospital(s) or skilled nursing facility (SNF) for symptom management and / or inpatient respite care?	1. Yes	2. No
	b. Total number of days spent by hospice patients in the facility in 2001		
	a. If yes, indicate the number of beds in the facility		
6.	Is the hospice Medicare certified as an inpatient (symptom management / respite) facility?	1. Yes	2. No
	b. Total number of days spent by hospice patients in the facility in 2001		
	a. If yes, indicate the number of beds in the facility		
5.	Is the hospice licensed as a hospice residential facility? (e.g., "hospice house")	1. Yes	2. No

(Round to the nearest whole number.)

# **PATIENT INFORMATION**

15.	Number of <i>patients</i> on your hospice caseload on January 1, 2001	
	a. Of the number of patients who were on your open caseload beginning January 1, 2001 (line 15, above), how many of those patients are also listed as an admission(s) during 2001 on line 16?	
16.	Total number of <i>admissions</i> during 2001	
	a. Of the total admissions, how many were readmissions? (Readmissions are the number of admissions above and beyond a patient's first admission during 2001. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions, of which four were readmissions.)	
17.	Number of hospice <i>patients discharged</i> during 2001 for each reason listed.	
	a. Discharged - hospice care not appropriate (no longer meets hospice criteria)	
	b. Transferred - hospice services provided by another hospice	
	c. Revocation of hospice benefit (individual chooses to leave hospice)	
	d. Other (please specify)	
	e. Deaths	
	f. Total Discharged	
18.	Total number of patients on your hospice caseload on December 31, 2001(Line 15, plus line	16, minus line 17.f.)
19.	Report the <b>Total Number of Individual Patients</b> for 2001, using the following formula to calculate the total.	
	a. Patients on January 1, 2001 caseload (line 15)	
	Minus line 15.a (1/1/01 patients also counted as an admission during 2001)	
		Subtotal
	b. Admissions (line 16)	
	Minus readmissions (line 16.a)	
	Equals the number of patients admitted	
		Subtotal
	c. <b>Total</b> individual patient count (unduplicated) for 2001. (Add subtotals from no. 19.a and 19.b)(The number reported here <b>MUST</b> equal the "TOTALS" on Page	
20.	Average Daily Census for calendar year 2001, (total days of care, Page 5, number 24, divided by the days of operation, 365 days, or as reported on page 1, item 1.)	

21. Total number of unduplicated patients served during 2001 by age, sex, and race / ethnicity.

	AGE							
	19 & under	20-54	55-64	65-74	75-84	85-94	95+	Total
RACE								
White								
Black or African American								
American Indian								
Southeast Asian								
Asian or Pacific Islander								
Other								
TOTAL*								(a)
SEX								
Male								(b)
Female								(c)
MAKE SURE that the total male	es, (line b), plu	us total fema	ales, (line c),	equal the to	tal number o	f patients, (li	ne a).	. , ,
Hispanic / Latino**								

<sup>\*</sup> TOTAL **MUST** equal the total unduplicated patients on page 3, line 19.c.

22. Total number of *unduplicated patients* served during 2001 by referral source.

REFERRAL SOURCE	NUMBER OF PATIENTS
a. Physician	
b. Hospital	
c. Self-referral	
d. Patient's family	
e. Home health agency	
f. Nursing home	
g. Other (specify)	
TOTAL*	

<sup>\*</sup> TOTAL **MUST** equal the total unduplicated patients on page 3, line 19.c.

23. Total number of *unduplicated patients* served in 2001 by principal diagnosis (i.e., the diagnosis responsible for admission to the hospice).

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
a. Malignant neoplasm (cancer) (140 - 239)	
b. Cardiovascular disease (390 - 459)	
c. Pulmonary disease (415-417, 492, 496)	
d. Renal failure / kidney disease (584.9 - 593.9)	
e. Diabetes (250.0)	
f. Alzheimer's disease / other dementia (331.0, 290.1, 294.1)	
g. AIDS (042)	
h. ALS (Lou Gehrig's disease) (335.20)	
i. Other (specify)	
TOTAL*	

<sup>\*</sup> TOTAL MUST equal the total unduplicated patients on page 3, line 19.c.

<sup>\*\*</sup> Include Hispanic / Latino patients in the appropriate racial categories listed above, as Hispanic / Latino is not considered a race.

24. Total number of *patient days* during 2001 for each level of care.

LEVEL OF CARE	PATIENT DAYS
a. Routine home care	
b. Continuous care	
c. Inpatient care - acute / symptom management	
d. Inpatient respite care	
TOTAL	

25.	For each patien	t discharged in	2001,	(including	deaths,	and regar	dless o	f admission	date),
	provide the leng	gth of stay.							

i.	TOTAL (a+b+c+d+e+f+g+h)	
h.	More than 1 year	
g.	181 days to 1 year	
f.	91 to 180 days	
e.	61 to 90 days	
d.	31 to 60 days	
C.	15 to 30 days	
b.	8 to 14 days	
a.	1 to 7 days	

26. Indicate the primary pay source **AT THE TIME OF ADMISSION** for all patients who were admitted during 2001.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE / Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify)	
TOTAL*	

<sup>\*</sup> TOTAL **MUST** equal the total admissions on page 3, line 16.

<sup>\*</sup> TOTAL MUST equal the total discharges on page 3, line 17.f.

27. Indicate the primary pay source for all patients on your caseload on December 31, 2001.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE / Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify)	
TOTAL*	

<sup>\*</sup> TOTAL **MUST** equal the total patients on your caseload on page 3, line 18.

28. Of the patients on your caseload on December 31, 2001, how many resided in each of the following locations?

#### DO NOT WRITE IN SHADED AREA

LOCATIONS		NUMBER OF PATIENTS
a. Home / private residence		
b. Nursing home		
c. Hospice residential facility		
d. Assisted living		
Residential care apartment complex		
2. Adult family home		
Community-based residential facility (CBRF)		
e. Inpatient facility (e.g., acute care hospital, other)		
f. Other site (specify	)	
TOTAL*		

<sup>\*</sup> TOTAL **MUST** equal the total patients on your caseload on page 3, line 18.

29. Of those patients who died in 2001, how many deaths occurred at each of the following locations?

#### DO NOT WRITE IN SHADED AREA

LOCATIONS	NUMBER OF DEATHS
a. Home / private residence	
b. Nursing home	
c. Hospice residential facility	
d. Assisted living	
Residential care apartment complex	
2. Adult family home	
Community-based residential facility (CBRF)	
e. Inpatient facility (e.g., acute care hospital, other)	
f. Other site (specify	)
TOTAL*	

<sup>\*</sup> TOTAL **MUST** equal the total deaths on page 3, line 17.e.

#### **PERSONNEL**

30. **Personnel**: Complete the following table based on the week of December 9 - 15, 2001. Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time.

Part-Time Persons: Report the number of persons employed part-time.

**Part-Time Hours**: For each employed person working less than *Full-time* hours per week, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (\*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Hospice Aide for 25 hours and could possibly also work in a Dietary position for 15 hours. Record "25" in the part-time hours column for Hospice Aides, and record "15" in the part-time hours column for Dietary. Record a "1" in the part-time persons column for Hospice Aides, since the majority of the hours were worked in that capacity).

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Volunteers: Uncompensated staff person.

#### ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS. NO FTE'S

#### DO NOT WRITE IN SHADED AREA

		Part-time Persons			
JOB TITLE	Full-time Persons	Personnel	Hours	Contracted Staff (No. of Persons)	Volunteers (No. of Persons)
Managing Employee / Administrator					
2. Physicians					
3. Registered Nurses					
4. Licensed Practical Nurses					
5. Hospice Aides					
Registered Physical Therapists					
7. Registered Occupational Therapists					
8. Speech / Language Pathologists					
9. Bereavement Counselor					
10. Social Workers					
11. Dietary					
12. Volunteer Coordinator					
13. Chaplain					
14. Clerical / Office Support					
15. Other (specify)					
16. <b>TOTAL</b> (sum of lines 1 - 15)					

Nun	nber of	nours in work week?	
		(Enter as a 3-digit n	umber, e.g., 40.0, 37.5, 35.0, etc.,
31.	During	2001, how many volunteers served patients of the hospice?	
32.	Indicat	e the total hours of service provided during 2001 by the volunteers.	
	a.	Client / family contact	
	b.	Office support	
	C.	Other activity	

Person responsible for completing this form(This is who will be contacted if further information is required.)	
Contact person's telephone number	EXT:
Area Code / Fax Number	
Email Address	
Life Address	
Area Code / Telephone Number(This number will be published in the Hospice directory.)	
Does the agency have Internet access?	
• ,	
I certify that I have reviewed the information reported in this docu	ment for accuracy and the information is true and correct.
Name of Administrator ( <i>type or print</i> )	
SIGNATURE - Administrator	
Date signed	
OFFICE USE ONLY	
COUNTY	
POPID	
BQADISTR	